

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIII.

WEDNESDAY, OCTOBER 16, 1850.

No. 11.

TRIAL OF WILLIAM HANLY FOR THE MURDER OF HIS WIFE.

[Communicated for the Boston Medical and Surgical Journal.]

STATE OF R. I. vs. WM. HANLY. *Supreme Court, March Term, 1850.*
Before Chief Justice Greene.

THE prisoner was put on trial April 8th, 1850. The indictment charged him with having, on the 2d day of January, caused the death of his wife by strangulation. There were, as usual, several counts, setting forth the various ways in which it was supposed the deed might have been committed—the most probable of which were, seizing and pressing the throat upon the edge of a sink-board or upon some piece of wood.

It appeared upon evidence that the prisoner—an Irishman—and the deceased, having one child about 7 years old, occupied a lower tenement, consisting of three rooms, in a block inhabited by Irish families. They had not lived happily together. The deceased had been two or three times sent to jail on complaint of her husband, for intemperance, and her husband had, in former times, beaten her. She had taken the pledge some time in August, of "Father Mathew," after which they had no difficulty, so far as appeared, until a few days before her death—when she again commenced her intemperate habits. She was seen to drink frequently from Sunday until Wednesday, the day of her death, and a portion of the time she was intoxicated, though not to such a degree as to prevent her walking. At about half past 4 o'clock, of the evening of her death, she was seen to go into her house, and was not seen again until half past 6. At this hour, the prisoner called on one of the witnesses, who lived near him, and asked him to go with him to get a pair of shoes at a shop some half a mile off. On his consenting to accompany him, the prisoner remarked that his door was open and his wife within drunk, and that he would stop and lock the door before starting. They went to the prisoner's house for that purpose, when witness saw the deceased lying on her side upon the floor of a small closet, with the feet projecting into the kitchen. He did not go to her, supposing that, as the husband said, she was merely drunk. He locked the door, and they went for the shoes. They were gone till about half past 9—spending the time in talking and drinking. On returning, witness was asked to "go into the house to see in what way the old woman was in." He went in with the prisoner, who then asked him to "rouse her up." On

attempting to do so, he found her dead. She was lying just as they had left her three hours before—in the closet, upon her side, with her feet in the kitchen. The extremities were cold. Her hood was upon her head, with the strings tied under the chin. One witness stated that they were very tight. The prisoner went, with another person, for a physician, and exhibited appearances of grief. He attended, voluntarily, a coroner's inquest on the following day, and gave evidence in regard to the death of his wife. Besides the sink in the closet, there were a barrel, a tub and a pail.

The following is the medical evidence in the case, as given by Dr. G. L. Collins, who examined the body after death.

I was requested, January 3d, 1850, by the jury of inquest, to make a post-mortem examination of the body of Mary Hanly, wife of Wm. Hanly. On the following morning, the 4th, at 9 o'clock, I proceeded to make the examination. Dr. Wiggin was present and assisted. I made notes, on the spot, of my observations. The body had been dead from thirty-six to thirty-nine hours. She appeared about 30 years of age—moderately fleshy. She was lying upon the back on a bed, with clothes about her for burial. Her face was somewhat swollen, congested and rather livid. Some of the veins about the forehead were filled with blood, so as to appear quite prominent. The capillary vessels were very distinct. Numerous minute red points were visible upon the forehead, where the epidermis was white and thin. There was an abrasion of skin over the right eye, half an inch from the external angle, of the shape of the letter D, about half an inch in diameter—the spot was dry and brownish. There was another spot of nearly the same size and appearance one inch above the inner angle of the right eye. There was also a slight scratch upon the chin. The eyes were closed—not protruded—the lids did not appear swollen. The conjunctivæ of the eyes were strongly injected—blood in some of the vessels appeared slightly extravasated. The pupils were larger than in life, though not dilated fully. The lips were tumid and livid. No retraction of the jaw noticed. The tongue protruded about a quarter of an inch beyond the teeth, and was firmly grasped, but not bitten. The mucous membrane of the lips was strongly injected. The fingers of the right hand semi-flexed—those of the left almost clenched—nails very livid. The point of the elbow of the right arm abraded—spot as large as a fourpence. A mark, nearly an inch wide, extended a little diagonally across the anterior surface of the neck, just at the junction of the trachea with the cricoid cartilage. It was about four and a half inches in length—the left end about an inch higher than the other. The cuticle over the greater part of this impression was excoriated—deeper at points, where it was dry and brownish—appearing a little like parchment. The edges were pretty well defined. The spot of the deepest impression was about half an inch external to the right side of the larynx. There was a slight abrasion of skin on the back part of the neck over the spinous process of the fifth cervical vertebra. There was no decided appearance of any involuntary discharges. [The clothes in which she died were not seen.] The abdomen showed signs of approaching decomposition—and also marks of having borne children.

The blood in all parts of the body was remarkably fluid—no coagulation in any part, not even in the heart. On cutting the jugular vein, it bled so freely as to make it necessary to secure it. The heart was of the usual size, and healthy, as were its valves. The right cavities and the large veins were full of fluid blood—the left nearly empty. The lungs were sound—no adhesions, no tubercles, no inflammation—they were greatly congested. On cutting them, the vessels bled very freely. Some frothy serum in the bronchial tubes. The mucous membranes of the larger tubes were injected, and they contained some viscid fluid—portions of lung floated in water. The liver, gall-bladder, spleen, kidneys and other abdominal organs, healthy—all of them congested, particularly the kidneys. The stomach and bowels were distended with gas. Nothing in the stomach but a little mucus. Very little matter in the intestines. The mucous membrane of the stomach strongly injected in spots. A few slight points of ecchymosis. The bladder was healthy, but contained no urine. The genital organs were considerably congested. No bruises appeared on the head, when the scalp was dissected up. The brain and its membranes healthy, but congested. The sinuses filled with fluid blood. On slicing the brain, numerous points of blood appeared. Not more than the usual quantity of serum in the ventricles. No clots of blood in any part of the brain.

On dissecting off the skin on the front of the neck, the injury was found to be superficial. There was no ecchymosis into the cellular substance—the anterior muscles were not torn nor contused—the large vessels and nerves showed no signs of injury. On removing the trachea and larynx, and coming down to the deeper structures of the neck, the right longus colli muscle, as it lies by the bodies of the 4th and 5th vertebrae, was found contused, and blood extravasated into its substance for about two inches of its length—the left one was sound. The fibrous tissue, over the bodies of the 4th and 5th vertebrae, showed slight marks of contusion, barely sufficient to attract notice. On the posterior part of the neck there was no bruise beneath the skin—there was no dislocation nor rupture of ligaments. On examining the larynx internally, a spot of ecchymosis, about as large as a split pea, was found beneath the mucous membrane, and under the anterior part of the cricoid cartilage. Under the mucous membrane, lining the larynx and covering the epiglottis, were numerous points of ecchymosis, some smaller and some a little larger than a pin's head.

Answers to Questions by the Attorney General.—I examined the body for the purpose of ascertaining the cause of death. The examination induced me to believe that the deceased came to her death by strangulation. The appearances in most respects were such as might be expected from strangulation. There are no marks which would necessarily have followed in a case of strangulation, that were not observed here. There is a great variety of marks in cases of strangulation, and they vary greatly, according as it is produced in different ways, or with more or less rapidity. They do not vary so much, as a general rule, in number, as in intensity. There were as many indications in this case as are usual. The slight red points upon the forehead, I should not

expect to find in cases of natural death. I should not expect to find them were death occasioned solely by intemperance. These spots are owing to the arrest of the circulation, together with the imperfect oxygenization of the blood. The bruises above the eye were superficial. They might have been produced in a great many ways. I cannot say whether they were produced just before or just after death. They must have been made *near* the time of death. If made immediately after death, they would present the same dry, brown appearance. The tumid, livid lips do not always occur in cases of strangulation. I should expect to find them in most cases. They may occur under other circumstances. Injection of the conjunctivæ occurs in most cases of death by strangulation. There was no protrusion of the eyes noticed. It is a common sign of death by strangulation. Protrusion of the tongue is one of the most common signs of strangulation, but does not always follow. It would not be likely to follow in apoplexy, nor in death from intemperance. The clenching of the hands is usual in strangulation. It might occur in other forms of death. The mark on the front of the neck had the appearance of having been made by pressure of some hard substance, as the edge of a board. It might have been made by a *blow*, or by *continued pressure*. The fluid state of the blood is frequently observed in death by cholera, electricity, or noxious gases.

Dr. C. Wiggin was present and assisted Dr. Collins in the post-mortem examination. His testimony agreed with that of Dr. Collins in every essential particular. He also concurred in the inferences drawn by him.

The case was ably argued by Attorney General Blake for the State, and Messrs. Rivers and Clarke for the prisoner. The jury were unable to agree upon a verdict—eight of them being for conviction, and four for acquittal.

A new trial was had at the same term of the Court before another jury. The case was conducted by the same legal gentlemen as on the first trial. The jury brought in a verdict of guilty, and the prisoner was accordingly sentenced to be hung. [The Legislature of the State, at a subsequent meeting, has commuted the sentence to imprisonment for life.]

EPIDEMIC DYSENTERY IN LYNN, 1848.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—I have long looked in your Journal for a report of a remarkable disease which prevailed as an epidemic in this city in 1848. But it has been in vain. And rather than no record of this disease should be preserved for reference on the pages of our standard periodical, I reluctantly send you the following brief account:—

In June, 1848, a very fatal disease appeared in this place, which was called, from its principal symptoms, typhoid dysentery. This virulent epidemic was confined to a part of the city commonly called Wood End. This village is situated in the north-eastern part, and is somewhat more elevated than the remainder of the populous portion of the

city. It includes about 3500 inhabitants, and has an area of about a mile square. The chief occupation is manufacturing shoes. Lynn has 13,500 people; and there were but very few cases of dysentery in the place except at Wood End, during the prevalence of the epidemic, and these were generally very mild.

The disease spread with great rapidity, and confined its ravages to no class or age. The sick became so numerous as to be supplied with attendants with the greatest difficulty. While the most of its victims were found among children and old people, some were taken from the middle-aged, and in the enjoyment of health and usefulness.

The symptoms were as follows:—General pyrexia; cephalgia; pain in the umbilical region; early vomiting, which generally continued through the entire course of the disease; dejections frequent, generally more or less hemorrhagic, faecal, bilious and foetid, in the advanced stages muco-purulent. The symptoms indicated extensive affection of the small intestines.

The treatment was chiefly palliative. The usual remedies for dysentery were of little or no service. Among the articles used with most apparent benefit, may be mentioned, opium, sub. mur. hyd., nitrous acid, n. argenti, camphor, spt. terebinth., &c.

The following figures will show the progress of the mortality, and the ages of those who died:—July, 1 death; Aug., 44; Sept., 61; Oct., 9; Nov., 1; Dec., 1—Total, 117. Of whom 48 were males, and 69 females. Under one year, 29; from one to two, 17; from two to five, 20; from five to ten, 9; from ten to twenty, 4; from twenty to thirty, 7; from thirty to forty, 8; from forty to fifty, 7; from fifty to sixty, 5; from seventy to eighty, 3; from ninety to a hundred, 2.—Total, 117.

It will be noticed that the first death occurred in July. The mortality frightfully increased in August, attained its maximum in September, and declined in November and December.

The relative proportion of deaths to cases is a point involving different opinions. Some physicians estimate it as 1 to 4, and others as high as 1 to 2.

We have no speculations to advance touching the cause of this strange epidemic. The season, it will be recollected, was unusually hot and dry. Wood End is as healthy as any other part of the place. And the tables of mortality justify the remark, that the standard of health is as high in Lynn (other things being equal) as in any other sea-board city or town in New England.

Dr. Alden remarks as follows, in relation to the causes of epidemics. “Amongst the external influences capable of affecting the health, are the air and water, with respect to their being in motion or at rest, in places where the subjects reside. These fluid compounds, when prevented from circulation and subjected to a certain degree of heat, are liable to be decomposed, and their products have proved no less prejudicial to health than have those from accumulated putrefying animal and vegetable substances.”

The following data is introduced to show the comparative mortality of dysentery, from a few recorded instances of its prevalence in inland towns in this State.

In 1777, in Conway, with a population of 1000, there were 73 deaths, or 1 in 131; Greenfield, population 900, deaths 50, 1 in 11; Shelburne, population 700, deaths 80, 1 in 8.6. In 1822, Warwick, deaths 11. In 1824, Warwick, deaths 16. In 1802, Greenfield, population 1300, deaths 57, 1 in 22.46; Shelburne, population 1100, deaths 34, 1 in 32. In 1803, Conway, population 2000, deaths 63, 1 in 33. In 1848, Lynn (Wood End), population 3500, deaths 117, 1 in 29.

Lynn, October, 1850.

Respectfully yours,

JAMES M. NYE.

OBSERVATIONS UPON SMALLPOX, AS SEEN IN DOVER, N.H.

[Read before the Dover Medical Association, and communicated for the Boston Medical and Surgical Journal.]

My purpose, at this time, is to give a succinct history of smallpox, as noticed in this village, the present year, and to make such observations as naturally grow out of the subject. This loathsome disease has not existed here as an epidemic, but rather sporadically. Of the four patients coming under my notice, all of them, save one, contracted the disease at Lawrence, Mass.

The first case was reported to the Board of Health, March 25th. A Mrs. M. came to this village two days prior with the variola, having the pustules well developed, and the disease capable of being communicated to others at the moment of her arrival. The day before I saw her, many persons visited her and were exposed to the contagion—about fifty in number. Many of these were unprotected by the cowpox, and it is inexplicable that the disease was not communicated to more than one person. Four individuals at least, unvaccinated, went into the room where the patient was, and shook hands with her, yet escaped an attack.

About 8 o'clock, on Monday evening, Mrs. M. was found in a comfortable condition—able to sit up, without nausea or sickness, and complaining of no annoying symptoms. She had but a few pustules, probably not a hundred upon the whole body. These were, however, well formed, regular in their appearance, and destined to run a stated period. There was but little fever, after the time of the eruption, if we except the next day, March 26th, when she complained of dizziness, and pain in head. Desiccation soon followed, and desquamation was effected on the 23d day after the first appearance of the pustules.

The account she gives of her case is, that she was unconscious of her exposure to the contagion; that she was taken with the usual symptoms of smallpox, and an eruption followed, seven days before she came to this town. If this be true (and it cannot be otherwise, considering the character and fulness of the pustules at the time we saw her), her case would be one of a variolous nature, although many observers would name it the varioloid disease. But varioloid simulates variola in the initiatory fever, runs its course in a shorter time, and the duration of the pustules is not so long as in variola. We shall find, in a

majority of cases, this distinction will assist us in arriving at a safe diagnosis between these two affections. The varioloid is distinguished by one other diagnostic symptom—an absence of odor; and in most cases the eruption does not advance beyond the papular state. Any case, therefore, without these signs, must be looked upon as true smallpox. In most cases of the varioloid disease, desiccation is completed on the eighth day of eruption, and desquamation is consummated on the tenth or sooner. This was the fact in the third case, which will presently be spoken of.

Many err in pronouncing all cases varioloid when there is a small number of pustules. The amount of the papulae will not greatly aid us in distinguishing these two forms of disease. Varioloid may be attended with few pustules, or none at all, or the whole body may be thickly studded over with the eruption. Long before the varioloid disease was acknowledged, true smallpox was wont to exhibit itself occasionally without any pustules whatever, and in other cases with very few. Such cases were then termed modified smallpox. The sparseness of the papulae, then, is of no consequence in our diagnosis between varioloid and variola. Our attention is to be directed to other points of difference.

The second case originated from the one we have just spoken of. Miss P. E. L., at 13 years, of strong constitution, and naturally healthy, breathed the contagion March 24, the day before the first case was announced to us. She paid a friendly visit where the first patient resided, but remained in the room with her not more than fifteen minutes. She had never been vaccinated. Her sister, a few years older, also visited the house the same day, but did not contract the smallpox, although she had never had the vaccine disease. The poison lay dormant in the system of the first named till April 2d, nearly nine days from the time of her exposure, when she was attacked with violent symptoms of fever. She had severe pain in the head, small of the back and between the shoulders; nausea and vomiting distressing till the appearance of the eruption. Delirium in the premonitory fever was very considerable; her tongue in the meanwhile was thickly coated, and the pulse accelerated. The papulae were first noticed on the morning of the 4th of April. For the whole of that day, the patient lay in an unconscious state, passing involuntary stools, with much nausea and vomiting. When I saw her she was in a comatose condition—increased, perhaps, by the influence of the Dover's powder which she had been taking during the day. On the discontinuance of the powders, perfect consciousness returned in the course of an hour or two.

Friday, April 5th. The eruption had progressed, and there was an erythematous efflorescence upon the face and trunk, so much so that no portion of healthy skin could be seen, indicating the disease to be of the confluent character. She was much better, and was able to sit up for a short time. She was then removed to the pest-house, a distance of two miles and a half. She suffered no inconvenience from her ride, but rather expressed herself refreshed and much better.

For a few days there was little alteration in her appearance. She was very comfortable, considering the virulence of her disease. The

pustules gradually filled, and as they progressed, there was much swelling of the tongue, face and other parts of the body.

April 9th.—Seventh day of the eruption. Tongue thickly coated, dark, and covered with pustules. In fact, the whole inside of the mouth—the uvula, pharynx, &c., were swollen, and deglutition was therefore very difficult. Suppuration had commenced on the face, and on the other parts of the body; the eruption was gradually coming to maturity. There was considerable fever, and the pulse 108. The patient lay in a comatose state, with eyelids closed; the conjunctivæ greatly injected, and the eyes very sensitive to light. Every part of the body was literally covered with sores. On the inside of her hands and the bottom of her feet, and also through her hair, the pustules were as thick as they well could be. They would average more than ten to the square inch. It must, then, require much vitality in the system to maintain the powers of life during the secondary fever, and the long and tedious stage of suppuration. We thus found it. For four or five days, the result of the disease was very doubtful. She remained during this time vacillating between life and death, requiring the nicest care of a very faithful and excellent nurse to administer to her wants, and keep up the flagging energies of life.

The pustules had their usual umbellated aspect, and presented nothing very irregular in their progress. About the eleventh or twelfth day, however, it was noticed that some few of the pocks had assumed a dark purplish appearance, especially upon the feet and legs. This purplish aspect did not prevail to a great extent, and therefore did not create much alarm. Ordinarily it is considered a very dangerous, or fatal, symptom, indicating great feebleness in the patient, and a want of energy in the circulatory powers. But by the aid of stimulants, and the administration of the camphor mixture, the temperature and circulation were equalized. The aqua camphoræ was found an excellent medicine, and served a better purpose than any other in this case. In fact, in connection with cathartics, it was *the* article chiefly relied upon in the treatment of the patient.

The process of desiccation and scabbing was very slow and protracted. The mouth cleansed first, the roof of which was a perfect scab. The extremities, owing to the want of a proper vitality, were exceedingly sluggish in becoming clean. This, of course, with the occurrence also of bilges, kept the patient longer confined than she otherwise would have been. She remained at the pest-house thirty days, and even then she was not perfectly free from scabs.

It is well known that many things have been recommended to prevent pitting, in cases of smallpox. Nitrate of silver and tincture of iodine both have their advocates. The gun-cotton solution was used in this case. As soon as suppuration commenced, or a little before, the whole face was covered with a coating of this substance. It was an experiment, but it was one that proved very successful. Had it been equally applied over other parts, and sufficiently thick, we have no doubt that it would have perfectly protected the countenance from the ugly deformity of pitting, an almost constant attendant of smallpox. As it was,

it served a good purpose. Where it was properly used, there is but little pitting, and this is of no depth, barely leaving the marks of the pocks. In the course of one year, doubtless, she will be free from all pits. On the forehead they are somewhat deeper, owing to the thinness of the coats of the collodion. The conclusion arrived at in regard to its use in this case, is that it may be advantageously employed for the purpose specified, and also to subdue the distressing itching attendant on the suppurative stage. It answered well for this last purpose, working like a charm. We found no difficulty in keeping her hands from the face. The pruritus was so slight that it could be hardly said to afflict her at all. This was owing to the collodion keeping the air from coming in contact with the maturing pustules.

The third case was one of varioloid. It was that of Mr. Keith, a *Thomsonian doctor*. While on a visit at Lawrence, he contracted the disease. The initiatory fever, as he states, continued with great severity for five or six days, before the appearance of the eruption. Whether the steaming, or his very peculiar notions in relation to carrying away the effluvia by steam, had anything to do in lengthening out this fever, we know not. The eruption was seen on Saturday, and by the next Thursday scarcely a trace of a pustule could be found. In fact, his disease was cut short in the papular stage, and did not go on to suppuration—a mark of the disease commonly termed varioloid.

The fourth case was that of Mr. D. F., aged 28 years, who had symptoms of smallpox May 2d. He complained of pain in forehead, back, and a general lassitude. This fever continued for two days, when a breaking out was noticed. Mr. F. was of a bilious temperament, had a dark complexion, was of a melancholy disposition, and naturally prone to look upon the dark side of things. He had a presentiment, before his removal to the pest-house, that he should not recover from the attack.

Saturday, May 4th.—Very comfortable; rested pretty well the night before. The amount of the eruption was very large, and it probably would have been a case of confluent smallpox, had it run its course. Pulse 90. Tongue slightly coated. The fever was not so great as one might expect from the large quantity of the papulæ.

The next morning he was nearly the same as the day before. He arose from his bed, dressed himself unaided, and affirmed he felt but little inconvenience, with the exception of a slight cephalgia. He was then transferred to the sick-house. He arrived about 8 o'clock, A. M., and expressed himself as feeling better. He remained thus till night. Dr. Beckford saw him about 1 o'clock, P. M. His pulse was full, and everything seemed going on well. Complained of some trouble, a sense of weight, in the epigastric region. Drank an infusion of thoroughwort, to vomiting, and after this he was relieved.

He continued on in this manner till about 9 o'clock, Sunday evening, May 5th. He then spoke of a new symptom. There was evidently an increased flow of the saliva. This greatly annoyed him. It was probably caused by taking the hyd. cum creta. Soon after the appearance of the salivation, he complained of a constriction on the fauces, with a disinclination to swallow. During the night he began to

spit blood, which continued till within a few hours of his death. Early May 6, he was reported to have vomited about sixteen ounces of fluid, mostly clotted blood. He continued to spit more or less during the whole day.

I saw him about 3 o'clock, P. M. Pulse strong, and had not the character of the hemorrhagic pulse; not much fever; tongue slightly coated. Complained of nothing internally, with the exception of the constriction in the throat, and the difficulty in deglutition. Breathing natural; had no cough. Examined the back part of the mouth; no eruption noticeable, nor any swelling of larynx as far as we could notice. The eruption on his face had progressed but little. The papulæ were flat, instead of assuming their regular, full and rounded appearance. Upon the feet, legs and arms, the pustules were abundant, and had made a satisfactory progression. Remained with him about two hours; before leaving, his bleeding was greatly lessened. He probably had congestion of the lungs.

April 5th, 12, M. The patient had been spitting blood during the night and morning. Had great difficulty in swallowing, and was unwilling to take his medicine or drinks. During the night before, till 8 o'clock this morning, he had not taken anything at all. The eruption had flattened on the face. Some of the pustules were already very dark. Those on his arms and legs were of a purplish character. In fact, all over his body, there appeared an inability in the system to fill the pocks. Administered medicine for the bleeding, and in a short while it stopped.

In the evening he was nearly the same—his pulse flagging a very little. The larynx had a dark aspect, indicating a congestion of the parts.

He remained in this state till 5 o'clock next morning, in the meanwhile getting up every little while, and walking about the room. The nurse had noticed no perceptible change before. There was at this time a visible alteration in his symptoms. He was gradually failing, and expired about 6 o'clock, May 6th. A few moments before he breathed his last, he made one or two struggles, in which he was said to have sprung three or four feet from his couch, gasping for breath.

The expectoration in this case was of a frothy nature. It appeared sometimes just as the fluid does in hepatization of the lungs, when pressed out after death.

Vaccination.—Medical journals, for a few years past, have been teeming with statements decrying the power of the vaccine disease as a preventive of smallpox. In the testimony adduced, however, there is not a perfect agreement among the several writers. But the greater part of this testimony is intended to prove the inefficiency of vaccination for the purpose mentioned. There are a few who go so far as to affirm that its former glory has departed, and that it now has but little if any protective influence upon the system.

My opinion is (and I hope to fortify it by the enumeration of facts) that the vaccine virus has not lost its power over the system; that it yet exerts that wonderful yet magical influence which it was wont to do in its former days of renown.

Perhaps the error in ascribing so little protective power to vaccination, lies in not distinguishing between the true and spurious vaccine disease. Every pustule resulting from the insertion of matter is not good vaccination. The spurious in some instances may be developed as regularly as the true; but there is this grand difference, neither the pustule nor the scab is so large as in the true vaccine disease. The difference is as great as between the pustules of variola and varioloid. If vaccination be cut short, if it faintly represents what it should be, if the cicatrix or the pits are not well marked, then we may doubt its genuineness. Many err in forming conclusions from this species of vaccination, and then decry the vaccine disease as entirely worthless. The excellent and faithful representation of Dr. Rayer will greatly aid in diagnosing the two affections. It will there be seen that the spurious disease simulates very closely the true, both in regard to the duration of the disease and the several stages it runs through. I know of no better way of expressing the difference between the two, than by saying that one is the substance, the other the shadow. The spurious often appears sooner than is demanded, within one or two days after the insertion of the virus, and from this it may be known.

The fourth person having the smallpox (the case of Mr. F.) said he had had the cowpox. He probably had the spurious vaccine disease. Had this patient had a good pustule, three weeks prior to his contracting the smallpox, we believe he would have been no more liable to the disease than would be a person having had the smallpox once. This is strong language, but it is believed that proofs in its support may be brought forward.

In our intercourse with persons connected with the cases of smallpox just referred to, we had sufficient means to test the protecting power of the vaccine disease. In the case of Mrs. M. several persons were exposed to the contagion, yet did not contract the disease. Probably not less than thirty came in contact with the patient, or were exposed to the effluvia emanating from her body. Three were confined in the same room two weeks, breathing the same atmosphere as the patient, and yet had no symptoms of the varioloid. And why? Because of their former vaccination, and its power upon the system.

In the second case, the mother of the daughter who was then lying sick, had been formerly vaccinated. We could see no pits, but the scar was visible. She attended her child throughout the entire disease, was over and around her, daily breathing the contagion for thirty days; was constantly fatigued by labor, care and watchings; washed the clothes of the sick one, saturated with the pus of smallpox; and yet she did not have one symptom of any disease. We may also refer to the two physicians in attendance upon this case; they were often in the room with the patient for one or two hours at a time, with no other protection than a former vaccination.

The fourth case, that of Mr. F., is one as strong in favor of the genuineness of the vaccine disease. His wife, and a young child of 5 years, were carried to the pest-house with him, and continued there as long as he lived, and then remained ten days longer in an atmosphere

deeply impregnated with variolous effluvia, sleeping under the same bed-clothes which the smallpox patients did in their convalescence, but with no subsequent symptoms of smallpox whatever. Then we might refer to other cases, not so strong, but nevertheless proving the validity of vaccination ; but this must suffice. These cases, with innumerable others, tend to show that the immortal discovery of Jenner remains yet as good and invaluable as ever ; that it still holds in subjection one of the most loathsome of diseases ; and although the discoverer's belief may not be fully realized of its power to extirpate smallpox entirely, still, if it protects from its severity and its deformities, praise belongs to it as an agent of great good.

To guard against any doubt as to the genuineness of vaccination, we know of no better way than to re-vaccinate. There is a possibility that the system may not be sufficiently impregnated with the first attempt ; if so, a second insertion of the virus will fully remove all doubts. An instance is related by Dr. Wood, of Philadelphia, of the reasonableness of re-vaccination. "In the winter of 1845-6, a student of medicine," says he, "died of confluent smallpox in a boarding-house containing about thirty inmates. All of them were re-vaccinated, except three young men who had confidence in their security. Those who were re-vaccinated escaped, while the persons alluded to were affected with the varioloid."

Many physicians have some delicacy in recommending re-vaccination, for fear of being accused of selfishness. But no one in the discharge of his professional duties should have any scruples in advising anything for the good of his patients or of the community at large. It is far better to do what we are satisfied is just, than to fear the fault-finding of those who are ignorant or illiberal towards our profession. "RAYER."

Dover, N. H., Sept. 23d, 1850.

MEETINGS OF THE MASSACHUSETTS MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You seem troubled at the idea that the Massachusetts Medical Society is going to hold its next annual meeting at Worcester, and you dislike to "see innovations," &c., "without sufficient reasons." In the same paragraph, you give what may appear to the general reader as the only reasons for the change. One of them, I presume, did not influence any counsellor who voted, viz., the "novelty" of the thing. The other you consider "unnecessary," viz., "courtesy due to country members." Out of eight or nine hundred members, two thirds, at least, come from the country. Should we not have some regard to their wishes? But you may say, though I know not by what authority, that these gentlemen would prefer to come to Boston. This is certainly not true for the whole. There was no dissenting voice in the council about the matter, and we have reason to believe that the change will be acceptable to the country practitioners generally. But suppose, for argument's sake, only a very small minority had asked as a favor that the society should at times meet

in the interior and Western parts of the State. I should feel that we ought to grant them that slight favor. But, after all, the principal reasons, you have not touched in your editorial, viz., 1st, a desire on the part of all, that the jealousies that have heretofore existed between town and country should be harmonized; 2d, that a vast number of educated and honorable physicians, who now live in our western counties and who are not members, may be induced to join the Society by seeing its meetings near their own residences. 3d, we hope, by stimulating to scientific researches, to avoid the constant discussion upon By-Laws, which, since my connection with the society (16 years), has been the sole subject before us. The first two reasons cannot, in my opinion, be satisfied save by occasionally holding our meetings elsewhere than in Boston. In regard to the third reason, some may doubt. But I think we shall be more likely to stimulate thoroughly the *whole* profession, by meeting at Worcester, Northampton, Pittsfield, Salem, &c. &c., than by an annual gathering held always at Boston.

Respectfully yours,

H. I. B.

CASE OF DISEASED GENITO-URINARY APPARATUS.

BY H. C. SKIRWIN, M.D., OF WALTON, BOONE CO., KY.

ON March 4th, 1850, I was called to see Essick, a colored man, aged 78 years, of the common size; he was quite stout and healthy until about fourteen years ago, when he had a very severe attack of fever and cystitis. At that time he was working in a hemp factory, and had been for some time—since then has suffered much from asthma, with frequently a difficulty in voiding urine, and has ever since remarked a tumor or protrusion in the hypogastric region, which he mistook for hernia, and actually wore a bandage around the lower portion of the abdomen till his death. The symptoms, at the time I first visited him, were slight fever, with a chill occasionally, tongue covered with a light white coat, pulse quick, small and often intermittent, ranging from 70 to 110, according to the pain, great difficulty in passing urine at times, when the attempt was accompanied with intense suffering; appetite not good, extremities often cool. Thus the case continued from day to day; but growing worse, cathartics, diuretics and anodynes were prescribed and administered, but without any perceivable benefit. Two other doctors were called in; we all examined him, but did not suspect that the protrusion, of which I have spoken, was the bladder, although we recommended diuretics and catheterism, but the patient was so very much opposed to the introduction of the instrument, that it was not attempted. For the last three days before death, the extremities and even the abdomen became much swollen, as in cases of dropsy. Thus the case progressed till the 11th of March, when death put an end to his sufferings at 4 o'clock, P. M. Twelve hours after death autopsy took place. The brain was first examined; the superficial veins presented considerable congestion; the arachnoid membrane over the inferior portion of the cerebrum, exhibited slight opacity; ventricles full of serum, and effusion of serum in the arachnoid cavity, amounting in all to 4 or 5 ounces. Lungs were diseased—more than

half of each was hepatized, with many strong, firm adhesions to the costal pleura; there were also a quantity of tubercles—some of which were softening. The heart was about twice as large as usual, being in a state of hypertrophy, with its valves and a portion of the beginning of the aorta and pulmonary arteries ossified, some of the ossific depositions weighing more than half an ounce. A large collection of straw-colored serum in the cavities of the pericardium and pleura. All of the abdominal organs were in a normal condition, but the kidneys, ureters and urinary bladder. Before cutting into the bladder, a catheter was attempted to be introduced some 4 or 5 times, but the attempt failed; there was a barrier which we could not overcome. On cutting into the organ we found between five and six pints of blood and urine in it, almost fluid, except a coagulation of some 3 or 4 ounces. The parietes of the bladder were very thick, looking much like the impregnated uterus, with many strong adhesions to the surrounding parts. We found a tumor just over the vesical extremity of the urethra, and falling down and closing the opening firmly as a valve, weighing 3 ounces, and which I have preserved. The kidneys were slightly enlarged, containing many cysts; the ureters were somewhat enlarged and inflamed in patches; the penis much inflamed and swollen.—*Ohio Med. and Surg. Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1850.

EDITORIAL CORRESPONDENCE.

Chamouny.—By "diligence" and "char-a-bonc"—the latter the *ne plus ultra* of carriages for ugliness, and peculiar to the mountainous sections of Savoy and the Sardinian borders of Switzerland—passengers are conveyed in a day from Geneva to the singular settlement of Chamounix, a little strip of arable land lying in a gorge between two of the most awfully-imposing mountain elevations in all Europe. One of them is that hoary-headed, unrivalled one, Mont Blanc, whose sharp peaks are dressed in snow-flakes that have never melted since the first storm after their creation howled about them. Ice, snow, and fretted rocks almost perpendicularly above the spectator's head, as he looks from the church steps in Chamouny, constitute a scene which poetry cannot depict, while at his feet the richest and some of the rarest vegetable productions for the use and behoof of man are growing luxuriantly in the warm sunshine. Winter everlasting above, and summer below! In a word, the four seasons are looking each other in the face, while striving for individual ascendancy. There are a succession of magnificent mountain torrents, wherever the traveller moves; but the glaciers—one of which, close by Chamouny, is called the sea of ice—overwhelm the mind, on first coming into view, with the magnitude and majesty of their appearance. What a mighty engine for changing the surface of the earth, which no power but that of the Almighty could arrest! Boulders of enormous dimensions ride on its glittering crust, from unexplored altitudes to the chasms below, where rivers take their origin and roll onward to the ocean.

Milan.—Being at the present moment in the focus of goitre, a disease to which much attention to little purpose has been given by medical writers, it is proper that some notice should be taken of it. Numerous examples of the dreadful malady are almost constantly in view. In the valley of Martigny it is thought by some that the disease is more prevalent than in any other part of the Alps; but the observation of the writer does not warrant this conclusion. Some shocking cases were noticed after crossing the Simplon; and even here in the city of Milan, in Austrian Lombardy, sad examples of thyroidal tumors are met with in the streets quite frequently. Probably they are emigrants from the mountains, and not natives. Without bestowing more time upon this fertile topic for medical discussion, which like many other subjects may be resumed in a detailed form on returning home, the remainder of this sheet will be devoted to miscellaneous travelling comments.

It is impossible to convey to the mind of the reader a distinct idea of the terribleness of the scenery witnessed in crossing the Simplon, into northern Italy. Frightful gorges, thousands of feet deep, on one side of the road; and rocks reared upon rocks on the other, till the last points are lost in the clouds above—together with threatening avalanches from impending glaciers over head, and the numerous incidental circumstances accompanying a transit over this celebrated summit, make it a memorable period in the life of any one who has accomplished it. Very recently a storm of great fury here overtook Thos. W. Phillips, Esq., and family, of Boston, in the middle of the night. On going over the same ground a week after, by fair day-light, their exposure and danger were so apparent, that it seemed as though, if a special Providence had not watched over the frail diligence and its helpless inmates, their destiny would never have been known to their friends in America.

Being now in the Austrian dominions, the rigor of the police investigations into the business and purposes of all who arrive at the frontier is as novel to us as it is inexplicable. Passes are examined at almost every town. You stand by and see a record made of almost every fact connected with yourself, and after sundry signatures and stamps you are permitted to proceed. Stages, or rather diligences, are obliged to wait till the examinations are completed. Steamboats are subjected to the same detention. In Germany, especially in Prussia, this perpetual annoyance to strangers must very much lessen the number of travellers in that country. Hotel-keepers are obliged to report those in their houses; and here in Milan, a blank was handed to me at the breakfast table this morning, Aug. 25th, in which the age, country, profession, and the time proposed to remain in the city, must be inserted. At the expiration of the period, if still on hand, an investigation will follow. The fees for having passports countersigned by the police authorities, in moving through Europe, amount to a formidable row of francs. Yet a great deal of civility and politeness is a marked characteristic of all the higher class of public functionaries. It is among servants and small-fry dependents, as in our own country, that rudeness or incivility is to be found.

Milan is truly a beautiful city. The sidewalks and streets are upon the same level, flagged with broad stones for carriage wheels. Houses appear to be numbered as in Baden-Baden, yiz., the last edifice erected expresses the whole number in town. No. 10 and No. 5000, under this arrangement, might be side by side. Of the magnificence of the churches and theatres, especially the cathedral, it is scarcely worth while to speak.

The nearer we approach the see of Rome, the more imposing and rich are the chapels and shrines. Marble, bronze, gold and silver, are displayed in a profusion that calls forth the admiration and astonishment of a plain New England physician. Where it all came from, and how it was concentrated at the altars of this part of the christian world, are matters which cannot now be touched upon. The educated, refined people here are delightful; the ignorant are to be commiserated.

Milan has one large, ancient hospital, equal in its general capacity to some of the spacious ones of Paris or London. Of its particular organization, nothing definite has yet been ascertained. It is noticeable everywhere in military governments, that excellent care is taken of the sick soldier. More distortions of the limbs seem to abound in Milan than in other places. Whether the congregation of so many crooked legs, knocked knees, twisted ankles, and other similar disasters, for which surgery has little or no relief, is accidental or not, cannot be determined. The climate is delightful. Fruits and all the substantial kinds of food are abundant. Street-begging is a great annoyance. It is disgraceful to the government of Switzerland, and demoralizing to the whole population of the cantons, that begging is so universal. It is a painful drawback upon the pleasures of a traveller; and as a remedy exists with the Council of State, it is high time the power was exercised, and the army of mendicants who line the highways were shut up in almshouses or penitentiaries.

Staphylorraphy.—We had an opportunity, within the past week, of examining the mouth of a patient upon whom the operation of staphylorraphy had been performed a short time previous, by Professor H. J. Bigelow, of this city. The cleft was congenital, and presented more than the usual difficulties in such cases. Four sutures were required, and so skilfully were they applied (the parts having been very nicely brought together) that union by the first intention was the result, not even leaving so much as a notch at the tip of the uvula. It affords as much pleasure to record cases, wherein the combination of surgical skill and mechanical ingenuity are attended with such good results. Although this operation in *theory* appears very easy, it is generally attended with the greatest perplexity, as those who have had occasion to perform it can bear witness.

Galvanism for Medical Purposes.—Several cases have presented themselves to us within a week or two past, wherein "galvanism," as we thought, might be advantageously made use of in the treatment. Our first patient was a man who had been for some time engaged in a marble manufactory, and his hands continually in cold water. By this exposure, or from some other cause, his right hand and wrist became benumbed and paralysed. The fingers were strongly flexed, and when forcibly extended, would immediately return to their abnormal condition. The usual remedies failing to restore the parts, galvanism was made use of. After its first operation, the patient could use his hand and move the fingers tolerably well. Three subsequent operations completely restored the parts to a healthy condition.

Another case was one of contraction of the muscles of the right side of the neck, from rheumatism; five operations with the battery being sufficient to relax them, and restore them to their natural function. There is one other patient under treatment for hemiplegia. What success will at-

tend the operation, time alone must determine. The battery made use of on these occasions, was the patent graduated one, by Mr. Coad, of Philadelphia; the kind made mention of some few weeks since in this Journal. We conceive it to be greatly superior to any other kind, for medical purposes, that we have made use of.

Veterinary College.—It is understood that an effort is now being made, in this city, for the establishment of a Veterinary College and Infirmary, upon a plan similar to those in European cities and large towns. That part of medical science which relates to the treatment of diseased animals, has been too long neglected in this country, and we hope that sufficient interest will now be taken by medical gentlemen, to forward any plan that will advance it, thereby preventing the empiricism that is daily practised by a host of pretenders. The gentlemen who are making this effort, are, we believe, regular graduates of a European Veterinary College, and are eminently qualified to teach and practise the science.

Physicians' Fees.—There is often much complaint of the exorbitant charges by physicians, for medical attendance. It is insinuated that their fees are not really earned, and therefore should not be paid. As a general rule, with this class of patients, it is useless to parley; a better opinion of the true value of your services will be the result, if you keep quiet. Other professions have the same difficulties to contend with; but in one respect they have the advantage over us, in being *allowed* to refuse their services unless fully remunerated. We believe that the evil complained of by patients might in a measure be obviated, making it better for them and the physician too, were the *cash system*, or a *very short credit*, adopted. Many of the disputes and much of the litigation would in this way be avoided. Besides, the physician could *afford* to attend his patient *cheaper*, as there would be no expense for collection or other matters attendant upon the open account business. A physician, who is enthusiastic in his profession and has a large practice to attend to, cannot spare time to arrange his books and make out bills. There is not one of them in fifty who pursues anything like a correct system in such matters; nor would their books, in many instances, be held as evidence of indebtedness in any court of law. Now if by common consent the old plan could be entirely abolished, and the physician receive his fee as soon as the service was rendered, as is done in other countries and among dentists here, or at the termination of the case, his charges could be less, and there would be more likelihood of his receiving *compensation*. Practice is lost by allowing too long credit. At the end of the year, when the bill is presented, there is a want of *recollection* on the part of those who are to pay the bill. They think that neither they nor their families have been sick *much*, or at any rate not enough to employ the doctor to such a large amount. If payment is insisted upon, depend upon it you will be sent for again *when they wish you*.

Meigs on Diseases of Children.—“Observations on Certain Diseases of Young Children, by Charles D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. Lea & Blanchard, publishers.” This is a most excellent work on the obscure diseases of childhood, and will afford the practitioner and student of medicine much aid in their diagnosis and treatment.

Bowman's Medical Chemistry.—“A Practical Hand-Book of Medical Chemistry, by John E. Bowman, Fellow of the Chemical Society, Demonstrator of Chemistry in King's College, London,” &c., has just been published in Philadelphia, by Lea & Blanchard. It is just such a work as is needed by the profession. A portion is devoted to *specialities*, so that the analysis of the various morbid and healthy secretions of the body, upon which it treats, can be accomplished with accuracy and without difficulty. There are thirty-seven chapters, treating upon the urine, calculi and concretions, blood, milk, mucus, pus, bone, and the various mineral poisons, with the mode of examining them. It is a work of great value, and should be in the hands of every medical student, as well as practitioner.

Washington University, Baltimore.—The annual announcement of the Medical Faculty of the Washington University of Baltimore, for the session of 1850-51, has been sent us. From it, we learn that the faculty have a new edifice to hold lectures in, and that they have received from Paris a collection of models illustrative of obstetrical science, which are represented as unequalled by those of any other similar institution in this country. Among the rules to be observed by students, and the candidates for the degree of doctor in medicine, we find the following statement, which will no doubt be read by them with many pleasing anticipations:—*Art. 8.* “The final examination for the degree will be of the most searching character, and conducted in such a manner, as will *convince even those who fail, of its fairness, and the propriety of the issue.*”

Medical Cliques.—In a late number of the New York Medical Gazette, is a long article on alleged conspiracies among certain members of the profession in that city, and the monopoly by them of consultations and ordinary practice. If such abuses exist as are alluded to in the article, there is much reason for complaint, and we hope the editor of the Gazette will show up the members of such cliques and give their names, that all the *honest* of the profession may keep clear of them. “It is alleged,” he says, “that there are secret societies in the profession, the members of which stipulate to call *each other only* in consultation; and while they may become consulting physicians with others of the fraternity, when they can thus obtain fees, yet, when any gentleman *who is not of their clique*, is proposed in consultation with them, they are to object and evade, without committing themselves by positive refusal, and express so decided a preference for one of the members of their secret society, as to secure the object. It is even said that in such case a list of the names of the select few, is handed to the friends of the patient, as enumerating the most eminent and skilful of the profession, *par excellence*, out of whom a choice may be made. Nor will they consent to allow any ‘*outsider*’ to be called in consultation, even though he be as reputable as themselves, until the firmness of the interested parties presents them the alternative of losing the family by the transfer of the patient to the proscribed physician.” There are other charges against this supposed clique, which are of such a degrading character that we forbear to mention them. For the honor and respectability of the profession, we hope all that is here complained of, is not true; if it is, the sooner an expose is made, the better it will be for those who endeavor to pursue an honest course in obtaining a livelihood by benefiting their fellow men.

Effects of Ether in Childbirth.—It has been observed, when ether has been given to parturient women, that its odor is discoverable in the breath of the child after birth; showing conclusively, that the blood of the mother must have been very strongly impregnated with the ether. Having observed the same phenomenon in a case that occurred in our practice a short time since, we were fully convinced that the *fetus* may be etherized in *utero*. But what appeared to us as very remarkable, was the short time that elapsed between the mother's inhaling the ether, and its sensible presence in the lungs of the child, which was born in *just twenty minutes* after the first inhalation by the mother. The quantity used, in this case, was two and a half ounces only, and at no time was the consciousness of the patient destroyed, but on the contrary she was bright and cheerful, even when the *pains were most severe*. There was no mistake about it whatever, the child being at the time in another room where there had been no ether. The nurse, while washing it, directed our attention to the fact that the "*child's breath was all ether*"; and upon drawing near to it, we could readily distinguish the smell of the vapor. The little fellow was very good-natured indeed, and did not seem to mind the manipulations of his first toilette, which the kind-hearted nurse performed in a manner that would put the opposers of hydropathy in *shivers*.

Manslaughter by Administering Improper Medicines.—During the present term of the Supreme Court of Maine, at Wiscasset, there is to be tried a case in which the indictment had just been brought in against Dr. Charles Coffran, of Rockland, charging him with the crime of Manslaughter. It is said the Doctor prescribed and intended to administer an article of medicine deemed suitable and proper, and at the request of his patient, but by accident gave a different article, and death ensued in a few hours—the Doctor discovering his mistake too late. The Lincoln Democrat says Dr. Coffran is lately from Massachusetts, from whence he removed to Rockland, where he is well allied to families of respectability and influence.

Medical Miscellany.—A man who died recently at the Commercial Hospital, at Cincinnati, from a gun-shot wound, survived sixty-eight hours after the ball had passed through the right auricle of the heart! This is certainly a remarkable phenomenon in the history of surgery. Upon a *post-mortem* examination, the ball was found lodged in the spine, after having passed through the edge of the lung.—Miss Anna R. Nell, of Philadelphia, a lovely young lady, died last Thursday, from the effects of a large dose of morphine. The apothecary's clerk made a mistake in giving morphine for *quinine*.

SUFFOLK DISTRICT MEDICAL SOCIETY.—This Society meet this afternoon, to transact very important business.

DIED.—At Monterey, Cal., Dr. Wm. L. Booth, Assistant Surgeon of the United States Army.

Deaths in Boston—for the week ending Saturday noon, Oct. 12, 61.—Males, 30—females, 31. Anemia, 1—disease of the bowels, 3—inflammation of the bowels, 1—inflammation of the brain, 1—consumption, 9—cholera infantum, 2—canker, 1—convulsions, 2—dysentery, 4—diarrhea, 2—dropsy of the brain, 3—erysipelas, 1—fever, 1—typhoid fever, 2—scarlet fever, 1—brain fever, 1—hooping cough, 1—hemorrhage in lungs, 1—infantile diseases, 5—inflammation of the lungs, 4—marasmus, 2—measles, 4—old age, 4—pleurisy, 1—rupture, 1—peritonitis, 1—ulcers, 1.

Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 2—over 60 years, 6. Americans, 30; foreigners and children of foreigners, 31.

On the Treatment of Typhus by the internal administration of Ice. By M. WAUNER.—The following is the mode of employment of ice which has been practised by M. Wauner, in typhus, during the last three years:—The patient swallows, every minute or two, a particle of ice about the size of a sugar-plum: these, when dissolved, do not amount to more than a glass or a glass and a half of water each hour.

When the natural temperature of the body is restored, and notwithstanding that the patient acquires extreme distaste for the remedy (a sure sign of his amendment), its employment is continued from twelve to twenty-four hours longer, according to the severity of the case. To relieve headache, the forehead is occasionally sponged with ice cold water. An enema of ice-cold water is also administered every six hours. Every alternate night the patient is placed in a bath at 27 deg. R., a little over 90 deg. Fah.—*Comptes Rendus.*

Statistics of Poisoning.—A return has been published relative to the number of poisoning cases tried in the United Kingdom from 1839 to 1849 inclusive. The number of persons tried for this crime during the above period, at the Central Criminal Court, has been 33, of whom 18 were men and 15 women; 16 were tried for murder, of whom five were convicted, and 17 for attempt, of whom 10 were convicted. In the Home circuit, 8 women were tried for murder by poison, 3 for attempt to murder, and two men as accessories before the fact. The number of convictions was three. In the Midland circuit, 11 women were tried for administering poison, of whom four were convicted. The number of men tried was six, all of whom were acquitted. In the Norfolk circuit 22 cases of poisoning were tried, in 12 of which the prisoners were female. The number of convictions was nine. In the Northern circuit the number of males tried for poisoning was 15, and of females five, the number of convictions being 14. In the Oxford circuit 17 cases of poisoning were tried, in nine of which the prisoners were women. The number of convictions was three. In the Western circuit, in 12 out of 22 cases of poisoning tried, the prisoners were women, and conviction took place in ten. In the county of Durham there have been no trials for poisoning. In the county palatine of Lancaster, out of eight cases, seven were of women, and conviction was obtained in five. In the North Wales and Chester circuit the number of persons tried for poisoning was 16, of whom 11 were women. The number of convictions was five. In the South Wales circuit five prisoners were tried for poisoning, two of whom were women. Conviction was obtained in one case only, in which a man and woman were implicated.

In Scotland, the total number of trials for poisoning, from 1839 to 1849, was 15, in ten of which the prisoners were women; and in seven, convictions were obtained. In Ireland, 31 women and 25 men were tried for poisoning during the same period, and convictions were obtained in 14 cases. The largest number of cases occurred during the year 1849, the number of cases being 13 (seven men and six women), the average of the other years being 4·3, in the proportion of 1·8 men to 2·5 women.—*London Med. Gazette.*

New Medical Books in London.—A Selection of Papers and Prize Essays on subjects connected with Insanity.—*Every-day Wonders; or, Facts in Physiology* which all should know.